Health Regulation Administration

PRINTED: 02/21/2010 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULT	PLE CONSTRUCTION	(X3) DATE	SURVEY LÉTED		
	HCA-0031		B. WING_					
NAME OF PROVIDER OR SUPPLIER		STREET ADD	DRESS, CITY.	STATE. ZIP CODE	01/	25/2010		
LINAC SERVICES, INC		6856 EAS	ASTERN AVENUE, NÉ. SUITE 320A IGTON, DC 20012					
PREFIX (EACH DEFICIENCY	TEMENT OF DÉFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORMA	Fill:	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE É APPROPRIATE	COMPLETE OATE		
on January 25, 2011 with Title 22 DCMR Agencies Regulatio were based on a rai clinical records base patients, five (5) per census of fifteen (15) home visit. The find on observations in tagency staff and careview of patient an	ras conducted at you on, to determine common, to determine common. The findings of the nation sample of three don a census of the reconnel files based on the survey when home, interviews and administrative reconnel determines and administrative reconnel files.	pliance Care the survey (a) (a) ree (3) n a ne (1) are based with well as a	H 000	Linac's Director will madirect agency's operation ensure the employment/ qualified personnel prior placement. Director will that all current staff atteservice addressing the is Director's quality assuration will ensure that compliant maintained by review of random visits/interviews	n and training of r to il ensure and an in issue. unce team noe is notes at	4/30/2010		
The governing body shall appoint a Director who shall be responsible for managing and directing the agency's operations, serving as lieison between the governing [*2880] body and staff, employing qualified personnel, and ensuring that staff members are adequately and appropriately trained.			<u> </u>	ERNMENT OF THE DISTRICT OF THE DEPARTMENT OF HEAL HEALTH REGULATION ADMINITION FOR THE CAPITOL ST., N.E. WASHINGTON, D.C. 20	OF COLUMBIA ITH STRATETO IMO FLUGA			
Based on interview determined that the one (1) of three (3) were adequately and #5).	Director failed to en: Home Heaith Aides (d appropriately traine	was sure that HHA)				:		
The finding includes During face to face caregiver and HHA approximately 4:20 HHA #5 had been a medication.	interviews with Patie #5 on January 25, 20 p.m., it was acknowl)10, at edged						
ealth Regulation Administration				A TITLE ,	<u>-</u>	(XS) DATE		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER; HCA-0031 ME OF PROVIDER OR SUPPLIER		er/Clia IMBER;	A. BUILDI B. WING		(X3) DATE SURVEY COMPLETED 01/25/2010		
AME OF PROVIDER OR SUPPLIER		STREET AL	ADDRESS, CITY, STATE, ZIP CODE				
INAC SERVICES, INC		6856 EAS	ISTERN AVENUE, NE, SUITE 320A				
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY LSC IDENTIFYING INFORM	CHI I	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	M GHOVII D AC	(XS) COMPLETI DATE	
on January 25, 20 with Title 22 DCMf Agencies Regulation were based on a reclinical records based patients, five (5) per consus of fifteen (1) home visit. The find on observations in agency staff and content are review of patient are	was conducted at you 10, to determine com?. Chapter 39 (Home ons). The findings of the andom sample of threshold on a census of the resonnel files based of 15) employees, and of dings of the survey we the home, interviews are giver interviews and administrative recome.	pliance Care the survey (3) ree (3) n a ne (1) ere based with	H 000	Linac's Director will madirect agency's operation ensure the employment/t qualified personnel prior placement. Director will that all current staff attenservice addressing the iss Director's quality assurate will ensure that complian maintained by review of random visits/interviews	and raining of to ensure d an in sue. noce team ce is notes at	3/31/2010	
the agency's operation between the govern employing qualified	t shall appoint a Direct for managing and distinct the serving as liaised in [*2880] body and personnel, and ensured appropries.	recting on d staff,	н 070	825 NORTH CAPITOL	DISTRICT OF C		
determined that the one (1) of three (3)	met as evidenced by: and record review, it Director failed to ens Home Health Aides (I d appropriately traine	was ure that					
The finding includes	3:				į		
caregiver and HHA approximately 4:20	interviews with Patien #5 on January 25, 20 p.m., it was acknowle dministering Patient #	10, at					

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	Regulation Administr	auon				ron	MAPPROVE	
AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU HCA-0031	er/glia IMBER:	(X2) MUL A BUILDI B. WING	*	(X3) DATE CDMP	SURVEY LETED	
NAME OF F	PROVIDER OR SUPPLIER		STREET AL	ADDRESS, CITY, STATE, ZIP CODE				
LINAC S	ERVICES, INC		6856 EA		NUE NE SUITE 330A			
(X4) ID PREFIX TAG	EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	E1411	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOTH CROSS-REFERENCED TO THE APPR DEFICIENCY)	HIDDE	(X5) COMPLETE DATE	
H 070	During a telephone Administrator on Ja approximately 4:45 was a certified HHA administer medicati	interview with the nuary 27, 2010, at p.m., it was revealed and had not been trons to Patient #1, mented evidence the ly and appropriately the	ained to	H 070	All HHA will be re-oriented regarding this duties		3/31/2010	
	H 147 3907.2(c) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information; (c) Resume of education, training certificates, skills checklist, and prior employment, and evidence of attendance at orientation and in-service training, workshops or seminars;			H 147	Director will ensure that all personnel records include result education training certificates, checklist, and prior employmer and evidence of attendance at orientation and in-service trains workshops or seminars; prior to assignment. All current staff wirequired to furnish missing documents to continue employr	skills it, ing, ill be	3/31/2010	
	This Statute is not in Based on record revidetermined that the accurate personnel in resumes on file for twincluded in the samp. The findings include: Review of Staff #1 ar January 25, 2010, be 11:53 a.m., revealed contain the required in	iew and interview, it is agency failed to main ecords as there were wo (2) of four (4) emple. (Staff #1 and #2 and #2's personnel receptioning at approximation that their files did no	was ntain e no ployees)					
. (! !	During a face to face Nursing on Novembe 2:30 p.m., it was acknown personnel flies did no lon Administration	interview with Direct or 25, 2010, at approx	kimately					

STATEMEI AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE (DENTIFICATION NUI	R/CLIA MBER:	(X2) MUL A. BUILD B. WING		(X3) DATE COMP	SURVEY LETED		
NAME OF	PROVIDER OR SUPPLIER		STREET A	T ADDRESS, CITY, STATE, ZIP CODE 01/25/20					
LINAÇ S	ERVICES, INC		6856 EA		NUF NE SHITE 2204	,			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NCY MUST RE DRECEDED BY E.H.		SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREGULATORY OR I SC IDENTIFYING INCOMA POWER		PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD DE	(X6) COMPLETE DATE
H 147	Continued From pa	ge 2		H 147					
	At the time of surve evidence of resume personnel records.	y, there was no docu is in Staff#1 and #2's	mented				:		
H 150	150: 3907.2(f) PERSONNEL Each home care agency shall maintain accurate personnel records, which shall include the following information:		H 150	From 1/26/2010 and ongoin	10	3/31/2010			
			ccurate e		Director will ensure that pre- job verifications are done for personnel, by way of referenchecks prior to assignment	vious	İ		
	(f) Verification of pre	vious employment			prof to assignment				
ī	This Statute is not reason record revided to maintain activities which included docuprevious employmer employees included #2)	iew and interview, it in the Home Care Agency (curate personnel recomentation of verifical intertwo (2) of four (4).	was HCA) ords, ion of						
1	The findings include:								
ı	A record review on J. approximately 12:36 no documentation of employment in Staff records.	P.m. revealed that the verification of previous	15				<u> </u> 		
	During a face to face of Nursing on Novem approximalely 2:30 p Staff #1 and #2 did noverification of previousersonnel records.	iber 25, 2010, beginn .m., it was acknowled of have documentation	ing at			į			
; 0	At the time of the sun locumented evidence on Administration	vey, there was no	vious						

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STATEMI AND PLA	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER (DENTIFICATION NUM	BER:	MULTIPLE CONSTRUCTION	(X3) DATE COM	E SURVEY PLETED		
		HCA-0031	J B. W	ING				
NAME DI	PROVIDER OR SUPPLIER		STREET ADDRESS, (RITY, STATE, ZIP CODE	. 01	/25/2010		
LINAC	SERVICES, INC	1	8856 EASTERN	ASTERN AVENUE, NE, SUITE 320A NGTON, DC 20012				
(X4) ID PREFIX TAG	REGULATORY OR L	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT	ULL PREFION) TAG	CROSS-REFERENCED	AN OF CORRECTION E ACTION SHOULD BE O TO THE APPROPRIATE CIENCY)	(X5) COMPLETE DATE		
H 150	0: Continued From pa	ige 3	H 150					
	employment in the records.	aforementioned person						
H 15	Each home care agency shall maintain accurate		H 151	As of 1/26/2010, ensure that referen	nce obset	3/31/201		
	personnel records, following information	Which shall include the	Curate	documented for all.				
	(g) Documentation (of reference checks;						
	determined that the falled to maintain ac which included docu	met as evidenced by: view and interview, it w Home Care Agency (Fecurate personnel reco- reference f four (4) employees in #1 and #2)	fCA) rds.					
	The findings include	:	ļ					
	A record review on J approximately 1:16 p no documentation of and #2's personnel n	D.M. fevealed that then it reference checks in S	e was taff #1					
:	approximately 2:30 p Staff #1 and #2 did n	e interview with the Direnter 25, 2010, beginning, it was acknowledged to the decumentation their personnel records	ng at ged					
	At the time of the sur documented evidence aforementioned person	8 Of reference chacks	în the		i			
H 155	3907.2(k) PERSONN	IEŁ	H 155		!	<u> </u>		

PRINTED: 02/21/2010

AND PLAI	ent of deficiencies n of correction	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU HCA-0031	r/Clia Mber:	(X2) MULT A. BUILDII B. WING	TIPLE CONSTRUCTION NG	(X3) DATE COMP	SURVEY	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS CITY	CTAPE NO CODE	01,	<u>/25/</u> 2010	
LINAC	SERVIÇES, INC		6856 EAS	TADDRESS, CITY, STATE, ZIP CODE EASTERN AVENUE, NE, SUITE 320A IINGTON, DC 20012				
(X4) ID PREFIX TAG	LEAGN DEPILIENCE	NTEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC (DENTIFYING INFORMA	S	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	S SUMMA S S	(XS) COMPLE DATE	
H 155	Each home care agency shall maintain accurate personnel records, which shall include the following information: (K) A position description;		H 155	Director will ensure that personnel records including job description to be seen employees folder and all staff records will be read compliance	a signed in the	3/31/20		
;	determined that the failed to maintain a personnel record of included in the samp	•	it was (HCA)				İ	
	The finding includes A record review of S January 25, 2010, at revealed that there v description in his/her	taff #1's personnel re Lapproximately 12:39	in m					
	During a face to face 2010 at approximate of Nursing, it was ac have a position description	ly 2:30 p.m. with the i	Director					
H 157	3907.2(m) PERSON	NEL		H 157				
	Each home care age personnel records, w following information:	DICH shall include the	curate					
	(m) Documentation o of the Hepatitis Vacci	f acceptance or decii ne; and	nation					
This Statute is not met as evidenced by: Based on record review and interview, it was determined that the agency failed to maintain			as			•		

Statemen AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE	R/CLIA MBER:	(X2) MUL A. BUILDI B. WING	TIPLE CONSTRUCTION NG	(X3) DATE COMP	SURVEY LETED	
VAME OF E	ROVIDER OR SUPPLIER	HCA-0031				01/	/25/2010	
		;			STATE, ZIP CODE		TOTALA	
Linac s	ERVICES, INC		WASHING	STERN AVE STON, DC :	NUE, NE, SUITE 320A 20012			
(X4) ID PREFIX TAG	' LEACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	EIH I	PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	EMOULD DE	COMPLETE OATE	
	accurate personnel documentation of a the Hepatitis Vaccir employees included. The finding includes Review of Staff #4's January 25, 2010, b 12:00 a.m., revealed acceptance of declin Vaccine.	iew of Staff #4's personnel records on Jary 25, 2010, beginning at approximately 0 a.m., revealed no documentation of eptance of declination of the Hepatitis cine.		Н 157	Director will ensure that all personnel records include a job documentation of accept declination of the Hepatitis	signed	3/31/201	
; ! ;	At the time of survey evidence of an acce Hepatitis Vaccine in the time of the Hepatitis Vaccine in the Hepatitis Vaccine in the time of the Hepatitis Vaccine in the Hepat	er 25, 2010, at approknowledged there wan acceptance or decline on file for Staff #4. y, there was no documptance or declination Staff #4's personnel	s no nation of mented					
(ambioles of coultsc	EL ency shall ensure that It worker shall presen prior to entering the	t a vetid !	H 170	Linac will provide to each employed contractor a valid identification prior to enteri patient's home, which must at all times while on duty. R home visits will be done by Supervisor to ensure compliand clients interviewed.	ng a be worn landom	3/31/2010	
. (. f . i	retermined that the liabled to ensure that in failed to ensure that in feaith Aides (HHA's)	net as evidenced by: ation and interview, it Home Care Agency (I one (1) of the four (5) presented valid agen entering the home of	HCA) Home					

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STATÉMEN ND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUME HCA-0031	BER:	2) MULTIPI BUILDING WING	LE CONSTRUCTION	(X3) DATE	M APPROVE SURVEY PLETED
VAME OF F	ROVIDER OR SUPPLIER					04	/25/2010
			TREET ADDRESS	, CITY, ST	ATE, ZIP CODE	<u></u>	12312010
LINAC S	ERVICES, INC		Dede Eastern Nashington,	AVENU DC 200	IE, NE, SUITE 320A		
(X4) ID PREFIX TAG	ICAUN UEPRIENC	ATEMENT OF DEFICIENCIES. Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION	ILL PRI	D IFIX \G	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AR	UA	COMPLETE DATE
H 170	Continued From pa	ge 6	H 17	מי	OEFICIENCY)		<u> </u>
:	The finding includes: Observations during a home visit of Patient #1 of January 25, 2010, at approximately 4:06 p.m., revealed that the HHA did not have valid agency identification on their person as evidenced below		t#1 on m.,	J	As of 1/26/2010 Director wensure that all clinical reconcentain a source of referral of discharge	rds	3/31/2010
:	of identification from	interview with HHA #5	form				
f •	At the time of the suensure HHA #5 was dentification.	rvey, the HCA failed to provided with an agend	ey				
	3911.2(b) CLINICAL		H 262		Quality assurance team will	ensure] 3/31/2010
į	ach clinical record a nformation related to	shall include the following the patient:	ng	s	ompliance by random review ample of client's files.	w of a	!
) ii	b) Source of referral from a hospital or e	, including date of disched extended care facility;	narge				
i a Se	gency's clinical reco	nd record review, the rd failed to include the one (1) of three (3) patients	ents			<u>.</u>	
T	he finding includes:					ĺ	
~.	eview of Patient #1's 5, 2010, at approxim n Administration	medical record on Jan ately 10:55 a.m., revea	luary				

Health R	equiation Administra	tion					
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		A. BUILDING	LÉ CONSTRUCTION	(X3) DATE SI COMPLE	
		HCA-0031		B. WING		01/2	5/2010
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, S	TATE, ZIP CODE		
LINAC SI	ERVICES, INC		6856 EAST WASHINGT		UE, NE, SUITE 320A 012		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULOBE	(X5) COMPLETE DATE
H 262	Continued From pa	ige 7		H 262			
:	the source of referr record.	ral was not in the med	dical				
	of Nursing (DON) of approximately 2:15	ce interview with the on January 25, 2010, ip.m., it was acknow ral was not in Patient	at ledged			·	
		umented evidence the umented in the medi					
H 279	H 279 3911.2(s) CLINICAL RECORDS			H 279	Clinical Director will ensure to clinical records include a	that all	3/31/2010
	Each clinical record information related	d shall include the fol I to the patient:	lowing		documentation of all training teaching given to patients/care	egivers	
		of training and educated tand the patient's ca			and available for review by th surveyors.	ie	
	Based on interview Care Agency (HCA) documentation of the contraction	training and educations for one (1) of three	n given to		Quality assurance team will en compliance by random review client's record.		
	The findings include	de:					
	December 7, 2009 January 25, 2010, revealed the Skille the caregiver on in administration/side management. Fun	# 1's Plan of Care (P. Ithrough February 4 at approximately 11: of Nurse (SN) was to a fection control, medi a effects and emerge ther review revealed cal equipment (DME)	, 2010, on 25 a.m., educate cation ncy Patient				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU HCA-0031	ER/CLIA MBER:	(X2) MUI A. BUILD B. WING		(X3) DATI	M APPROV		
NAME OF PROVIDER OR SUPPLIER	1000001	OTOE-T	_ 1		01	19519As A		
		21KEEL AL	ADDRESS, CITY, STATE, ZIP CODE 01/25/201					
LINAC SERVICES, INC		AAACH ISTAA	EASTERN AVENUE, NE, SUITE 320A IINGTON, DC 20012					
	ATEMENT OF DEFICIENCIE: MUST BE PRECEDED BY SC IDENTIFYING INFORMA		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP	10 LU D 00	(X5) COMPLET DATE		
approximately 11:40 was not instructed of medication administ emergency manage During face to face home on January 20 p.m., it was acknown caregiver and Home the skilled nurse had on medication admin Apnes Monitor. There was no documeducation given to pointection control, me	# 1's skilled nursing no 2010, on January 25, 20 a.m., revealed the control, tration/side effects or ement. Interviews at Patient # 5, 2010, at approximal edged by Patient # 1's Health Aide # 5 (HH/I) never instructed Panistration/side effects	# 1's tely 4:15 * #5). tient # 1 and the	H279	Clinical Staff will ensure the teaching goals are met and documented both on clinical and in client's home. Qualitassurance will ensure complete by reviewing documentation teaching and client/care give response. All Clinical staff were ceive in-service on proper teaching /documentation.	at client I note ty iance of	3/31/201		
management. H 355; 3914.3(d) PATIENT PLAN OF CARE The plan of care shall include the following: (d) A description of the services to be provided including: the frequency, amount, and expect duration; dietary requirements; medication administration, including dosage; equipment; supplies; This Statute is not met as evidenced by: Based on interview and record review, the fact failed to ensure the plan of care (POC) description the specific Home Health Aide (HHA) services be provided for three (3) of three (3) patients (Patient #1, #2 and #3) in the sample; the expected duration of skilled nursing services in Regulation Administration			H 355	Clinical Director will ensure to 485 includes description of the services to be provided,; include the frequency, amount, and expected duration; dietary requirements; medication I administration, including dosa equipment; and I supplies; AI clinical staff will receive in-see on proper 485 documentation. Quality assurance team will encompliance by random review clinical records	e ding: ge; l rvice	3/31/2010		

AND PLAN	AT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	r/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
VAME OF I	ROYDER OR SUPPLIER		STREET ADV	PERS CITY	STATE, ZIP CODE	01/25/2010	
	ERVICES, INC		6856 EAS		NUE NE SUITE 320A		
(X4) ID PREFIX TAG	(CACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	Elai	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD DE	(X5) COMPLE DATE
	(Patient #2) and the (1) of three (3) patie #2) The findings include 1. Review of Patient Health Certification January 25, 2010, a.m., to 1:45 p.m., n	patients in the sample dietary requirements of the sample. (First in the sample.) (First in	s for one Patient ne OC) on n 10:55 ne ovided k times sirector at deed A and #3. POC s to be y 25, led ad once ON on on. it de the bes for	H 355	Clinical Director will ensure 485 includes description of services to be provided, ; if the frequency, amount, and expected duration; dietary requirements; medication administration, including dequipment; and 1 supplies; clinical staff will receive in on proper 485 documentated Quality assurance team will compliance by random revelled records	f the ncluding: d losage; All n-service on.	

Health Regulation Administration

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	er/CLIA MBER:	A. BUILDN	· · · · · · · · · · · · · · · · · · ·	(X3) DATE SURVEY COMPLETED			
		HCA-0031		B. WING		01/	25/2010		
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	ADDRESS, CITY, STATE, ZIP CODE					
LINAC \$	ERVICES, INC		6856 EAS WASHING	ASTERN AVENUE, NE, SUITE 320A NGTON, DC 20012					
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIE	s	ID.	PROVIDER'S PLAN OF COR	PEATION			
PREFIX (REGULATORY OR LI	MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL ATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD RE	COMPLETE DATE		
H 359	Continued From pa	ge 11		H 359			! -		
:	prognosis, including rehabilitation potential for Patient #1.				QA will ensure compliant random renew of client re	ce by a	3/31/2010		
	There was no documented evidence the POC included the prognosis, including rehabilitation potential for the patient.		POC litation						
Н 361	3914.3(j) PATIENT			H 361 Clinical Director will ensure the 485 includes description of the			3/3 Ī/2010		
	The plan of care shall include the following: (j) Psychosocial needs of the patient:		ng:	services to be provided,		; including:			
					the frequency, amount, ar expected duration; dietary requirements; medication	,			
i ; 	This Statute is not met as evidenced by: Based on interview and record review, the Home Care Agency (HCA) failed to ensure the plan of care (POC) included the psychosocial needs of the patient for one (1) of three (3) patients in the sample. (Patient #1)				administration, including equipment; and I supplies clinical staff will receive on proper 485 documenta Quality assurance team we compliance by random re-				
!	The finding includes	d			clinical records	view of			
	Review of Patient # and Plan of Care (Po 2009, to February 4, at approximately 10: did not include the p patient.	OC) dated Decembe 2010 on January 25 55 a.m., revealed the	er 7, i, 2010, e POC				, ,		
	During a face to face of Nursing (DON) on approximately 2:10 patient #1's POC did needs of the patient.	n January 25, 2010, a D.M., it was acknowle I not include the psyc	edged						
;	There was no documented evidence the POC included the psychosocial needs of the patient.			1					
aith Regula	tion Administration								

Health	Regulation Administr	ation	_			FORM	APPROVED	
STATEMEI AND PLAN	NT OF DÉFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI HCA-0031	R/CLIA MBER:	(X2) MULT A. BUILDII B. WING		(X3) DATE COMP	SURVEY LETED	
NAME OF	PROVIDER OR SUPPLIER		STREET A	DORESS CITY	STATE ZIR CODE	01/	25/2010	
LINAC S	BERVICES, INC		6856 EAS	DRESS, CITY, STATE ZIP CODE STERN AVENUE, NE, SUITE 320A GTON, DC 20012				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHE (EACH CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE APP DEFICIENCY)	SHOULD BE COME		
H 363	Continued From pa	ige 12		H 363				
H 363 3914.3(I) PATIENT PLAN OF CARE			H 363	Linac's plan of care shall identify 3/3				
	The plan of care shall include the following: (I) Identification of employees in charge of managing emergency situations;				employees in-charge of mana emergency situation and will documented	loinσ		
	Based on a record determined the age identification of empermental transfer in the second second in the second identification of empermental transfer in the second identification of the seco	met as evidenced by review and interview ncy failed to include Ployees in charge of r hs for three (3)of thre ple. (Patient #1, #2 ar	it was managing					
	The findings include:			·				
	(POC) on January 2 between 10:55 a.m. POC did not include	1, #2 and #3's plan of 5, 2010, approximate , to 1:45 p.m., reveal dentification of emp emergency situation	ely ed the slovees in					
:	of Nursing (DON) or approximately 2:10 the POC did not inc	e of managing emero	at edged					
	of identification of	nented evidence on t						
	employees in charge situations.	of managing emerg	ency					
H 364	3914.3(m) PATIENT	PLAN OF CARE		H 364	Clinical Director will ensure all client's 485's include	 that	3/31/2010	
	The plan of care shall include the following:			documentation on emergency	,			
ealth Regula	(m) Emergency protocols; and				h. aracal			

AND PLAN OF CORRECTION OTHER PROVIDER OR SUPPLIER LINAC SERVICES, INC STREET ADDRESS, CITY, STATE JIP COOF GSS EASTERN AVENUE, NE, SUITE 320A WASHINGTON, DZ 20912 PROVIDER'S PLAN OF CORRECTION REQUILATORY OR I.SC IDENTIFYING INFORMATION) This Statute is not met as evidenced by Based on Interview and record review the Home Care Agency (HCA) failed to ensure the plan of care (POC) included emergency protocols for three(3) of three (3) patients in the sample. (Patient #1, #2 and #3) The findings include: Review of Patient #1, #2 and #3's plan of care (POC) on January 25, 2010, as a approximately 2 10 p.m., it was acknowledged the POC did not include emergency protocols for Patient #1, #2 and #3. There was no documented evidence the POC included emergency protocols. M 411 3915, 11(f) HOME HEALTH & PERSONAL CARE Home health aide duties may include the following: (f) Observing, recording, and reporting the patients physical condition, behavior, or appearance;	Health I	Regulation Administr	ation				FORM	APPROVED	
MAKE OF PROVIDER OR SUPPLIER LINAC SERVICES, INC STREET AUDRESS, CITY, STATE, ZIP COOE 8358 EASTERN AVENUE, NE, SUITE 320A WASHINGTON, QC 2012 PROVIDER OF AUTOMOSPHOLINE GRAD DEFICIENCY MUST BE PRECEDED BY TULL REGULATORY OR LSC IDENTIFYING INFORMATION) H 364 Continued From page 13 H 364 Continued From page 13 H 364 All clinical staff will be in serviced on proper 485 documentation QA will ensure compliance by random review of clare Agency (MCA) failed to ensure the plan of care Agency (MCA) failed to ensure the plan of care (POC) included emergency protocols for three(3) of three (3) patients in the sample. (Patient #1, #2 and #3) The findings include: Review of Patient #1, #2 and #3's plan of care (POC) on January 25, 2010, approximately between 10:55 a.m., to 1:45 p.m., ravealed the POC did not include emergency protocols. During a face to face interview with the Director of Nursing (DON) on January 25, 2010, at approximately 2:10 p.m., it was acknowledged the POC did not include emergency protocols for Patient #1, #2 and #3. There was no documented evidence the POC included emergency protocols. H 4111 3916.11(f) HOME HEALTH & PERSONAL CARE H411 AIDE SERVICE Morne health aide duties may include the following: (f) Observing, recording, and reporting the patients physical condition, behavior, or appearance; This Statute is not met as evidenced by: Based on a record review and interview with was	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIED IDENTIFICATION		IDENTIFICATION NU	R/CLIA MBER:	A. BUILDING				
Director will ensure that Linae's home endings include: Review of Patient #1, #2 and #3's plan of care (POC) on January 25, 2010, at approximately 2:10 p.m., revealed the POC did not include emergency protocols for Patient #1, #2 and #3'. There was no documented evidence the POC included emergency protocols for Patient #1, #2 and #3. There was no documented evidence the POC included emergency protocols for Patient #1, #2 and #3. There was no documented evidence the POC included emergency protocols for Patient #1, #2 and #3. There was no documented evidence the POC included emergency protocols for Patient #1, #2 and #3. There was no documented evidence the POC included emergency protocols for Patient #1, #2 and #3. There was no documented evidence the POC included emergency protocols for Patient #1, #2 and #3. There was no documented evidence the POC included emergency protocols for Patient #1, #2 and #3. There was no documented evidence the POC included emergency protocols. H 411 3916.11(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE Home health aide duties may include the following: (f) Observing, recording, and reporting the patients physical condition, behavior, or appearance:	NAME OF 6	PROVIDER OR SUPPLIER	1104-9031	CTDECT AC	DEEDE OF		01/7	25/2010	
During a face to face interview with the Director of Nursing (DON) on January 25, 2010, at approximately 2.10 p.m., it was acknowledged the POC dinctuded emergency protocols. Hand solutions and solutions are protocols. Hand solutions and solutions are positionally assessed on a recording, and reporting the patients physical condition, behavior, or appearance; Washerd DN, C 20112 PREMIX PROPRIES PLAN OF CORRECTION (2013) processed for three (3) potential (1, 12) and	1								
H 364 Continued From page 13 H 364 Continued From page 13 This Statute is not met as evidenced by: Based on interview and record review the Home Care Agency (HCA) failed to ensure the plan of care (POC) included emorgency protocols for three(3) of three (3) patients in the sample. (Patient #1, #2 and #3): The findings include: Review of Patient #1, #2 and #3's plan of care (POC) on January 25, 2010, approximately between 10:55 a.m., to 1:45 p.m., revealed the POC did not include emergency protocols. During a face to face interview with the Director of Nursing (DON) on January 25, 2010, at approximately 2:10 p.m., it was acknowledged the POC did not include emergency protocols for Patient #1, #2 and #3. There was no documented evidence the POC included emergency protocols. H 411 3916.11(f) HOME HEALTH & PERSONAL CARE AIDE SERVICE Home health aide duties may include the following: (f) Observing, recording, and reporting the patient's physical condition, behavior, or appearance;	LINAC S			WASHIN	GTON, DC	NUE, NE, SUITE 320A 20012			
This Statute is not met as evidenced by: Based on interview and record review the Home Care Agency (HCA) failed to ensure the plan of care (POC) included emergency protocols for three(3) of three (3) patients in the sample. (Patient #1, #2 and #3) The findings include: Review of Patient #1, #2 and #3's plan of care (POC) on January 25, 2010, approximately between 10:55 a.m., to 1:45 p.m., revealed the POC did not include emergency protocols. During a face to face interview with the Director of Nursing (DON) on January 25, 2010, at approximately 2:10 p.m., it was acknowledged the POC did not include emergency protocols for Patient #1, #2 and #3. There was no documented evidence the POC included emergency protocols. H411 3915. 11(f) HOME HEALTH & PERSONAL CARE AIDS SERVICE Home health aide duties may include the following: (f) Observing, recording, and reporting the patient's physical condition, behavior, or sppearance;	PREFIX	(! LEACH DEFICIENCY MUST BE PRECEDED BY FILL)			PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	MILD RE COMPLETE		
determined that the agency failed to ensure home	H 411	This Statute is not Based on interview Care Agency (HCA; care (POC) include three(3) of three (3) (Patient #1, #2 and The findings include Review of Patient # (POC) on January 2 between 10:55 a.m. POC did not include During a face to face of Nursing (DON) or approximately 2:10 the POC did not include Patient #1, #2 and # There was no docur included emergency 3915.11(f) HOME HAIDE SERVICE Home health aide difollowing: (f) Observing, record patient's physical corappearance; This Statute is not in Based on a record record.	met as evidenced by and record review the of the failed to ensure the demergency protocols patients in the samp #3) 2: 1, #2 and #3's plan of 25, 2010, approximate, to 1:45 p.m., reveals emergency protocols interview with the Dn January 25, 2010, app.m., it was acknowled emergency protocols. EALTH & PERSONAL Littles may include the ding, and reporting the ndition, behavior, or are the evidenced by: aview and interview in the review and interview in the evidenced by: aview and interview in the evidenced by:	e Home plan of		All clinical staff will be in seron proper 485 documentation will ensure compliance by rar review of client records Director will ensure that Lina home health aids duties include observing, recording, report if patients physical conditions, behavior or appearance. The Lina will ensure that this is enforce Progress notes must be submit alongside the timesheet and mareviewed by clinical staff. All HHAs will receive QA in-servinew progress notes. QA will ecompliance by random check.	QA ndom c's le the DON d. Ited just be rice on nsure	3/31/2010	

STATEMEN	IT OF DEFICIENCIES	(Y1) 900 (100							
AND PLAN OF CORRECTION IDE		IDENTIFICATION NU	(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING B. WING		(X3) DATE SURVEY COMPLETED		
NAME OF F	PROVIDER OR SUPPLIER	HCA-0031					01/25/2010		
					STATE, ZIP CODE				
	LINAC SERVICES, INC			6856 EASTERN AVENUE, NE, SUITE 320A WASHINGTON, DC 20012					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO THE DERICIENCY	ON SHOULD BE HEAPPROPRIATE	COMPLETE DATE		
H 411	Continued From page 14 health aides recorded, and reported on the patient's physical condition, behavior or appearance for three (3) of three (3) patients in the sample. (Patient #1, #2 and #3).			H 411			<u>†</u>		
					Documentation will be available for review in the patient's folder for the service		3/31/2010		
	The findings include:				·		:		
	Review of Patient #1,#2, and #3's medical records on January 25, 2010, approximately between 10:55 a.m., to 1:45 p.m., revealed the home health aides had not recorded and reporte the patient's physical condition, behavior, or appearance to the agency.								
<u>!</u> :	During a face to face Administrator on Jan approximately 2:30 in the home health aid- reported the patient' behavior, or appears	nuary 25, 2010, at p.m., it was acknowle es had not recorded as physical condition	edged and						
·	There was no documented evidence the home health sides recorded and reported the patient's physical condition, behavior, or appearance to the agency.			·			; ; ;		
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